

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED OCT 23 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 35097

Registrar's No. 2266

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In-hospital or institution 25 Days (Specify whether
In this community 10 years years, months or days)

3: (a) PRINT FULL NAME FALCOMATA, Joseph

3. (b) If veteran, name war WW-2 3. (c) Social Security No.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laverne 6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased December 9 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 9 17 hr. min.

9. Birthplace Wylam Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business

MOTHER FATHER { 12. Name Frank Falcomata
13. Birthplace Italy
(City, town, or county) (State or foreign country)
14. Maiden name Mary Donelson
15. Birthplace Dallas Texas
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial Removal (b) Date thereof 9-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Benton

18. (a) Signature of funeral director Joe Mitchell Fu.Home

(b) Address Benton, Illinois

19. (a) 9-26-48 (b) Paul C. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Franklin
(c) City or town Benton
(If outside city or town limits, write "RURAL")
(d) Street No. 706 Fairland Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1948 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from September 1, 1948 to September 26, 1948
that I last saw him alive on September 26, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA, METASTATIC FROM RENAL CELL CARCINOMA, LEFT KIDNEY Duration Unk.

Due to 520
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings: 9/17/48 Exploratory laprotomy
Of operations
Of autopsy No Autopsy performed

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work: 25. Stillwell (Specify place of injury)

23. Signature 25. Stillwell (M.D. or R.N.)
Address Vet. Adm. Hosp. Jeff. Bks. Mo. Date signed 9/27/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Howard F Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.